

MARCELL JONES #V67498  
 Name and Prisoner Booking Number  
 CALIFORNIA MEDICAL FACILITY  
 Place of Confinement  
 P.O. BOX 2000  
 Mailing Address  
 VACAVILLE, CA. 95696  
 City, State, Zip Code



(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT  
 FOR THE EASTERN DISTRICT OF CALIFORNIA

MARCELL JONES  
 (Full Name of Plaintiff) Plaintiff,  
 v.  
 (1) B. BROWNEN  
 (Full Name of Defendant)  
 (2) M. RANGEL  
 (3)  
 (4)  
 Defendant(s).  
☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:22-cv-1707 DB (PC)  
 (To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT  
 BY A PRISONER

☒ Original Complaint  
☐ First Amended Complaint  
☐ Second Amended Complaint

JURY  
 TRIAL  
 DEMAND

A. JURISDICTION

- This Court has jurisdiction over this action pursuant to:  
☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983  
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).  
☐ Other: \_\_\_\_\_
- Institution/city where violation occurred: CALIFORNIA MEDICAL FACILITY, VACAVILLE

**B. DEFENDANTS**

1. Name of first Defendant: B. BROWNEN. The first Defendant is employed as:  
CORRECTIONAL OFFICER / SGT at CALIFORNIA MEDICAL FACILITY  
(Position and Title) (Institution)
2. Name of second Defendant: M. RANGEL. The second Defendant is employed as:  
CORRECTIONAL ~~OFFICER~~ LIEUTENANT at CALIFORNIA MEDICAL FACILITY  
(Position and Title) (Institution)
3. Name of third Defendant: \_\_\_\_\_. The third Defendant is employed as:  
\_\_\_\_\_.  
(Position and Title) (Institution)
4. Name of fourth Defendant: \_\_\_\_\_. The fourth Defendant is employed as:  
\_\_\_\_\_.  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

**C. PREVIOUS LAWSUITS**

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 2. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: MARCELL JONES v. K. BARRON
    2. Court and case number: 2:10-CV-0396 JAM KJW (PC)
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) SETTLED
  - b. Second prior lawsuit:
    1. Parties: MARCELL JONES v. MICHELLE STUTE, ET AL
    2. Court and case number: 2:22-CV-01384 DB
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) PENDING
  - c. Third prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

## D. CAUSE OF ACTION

## CLAIM I

1. State the constitutional or other federal civil right that was violated: SIXTH AMENDMENT, FOURTH AMENDMENT, FOURTEENTH AMENDMENT, DUE PROCESS, SIXTH AMENDMENT
2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.
- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Medical care           |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input checked="" type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |   |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- BROWNEN AND RANGEL USED THEIR AUTHORITY AND POSITION TO RETALIATE AGAINST PLAINTIFF FOR REQUESTING SEARCH RECEIPT/ DOCUMENTATION AND USE OF THE APPEAL PROCESS. THEIR ACTIONS WERE INTENTIONAL, WITH MALICE AFORETHOUGHT, THROUGH AN UNWARRANTED CELL SEARCH AND BIAS FINDING OF GUILT. ON 07/10/21, BROWNEN AND CO-WORKERS CONDUCTED A BODY SEARCH OF PLAINTIFF YIELDING NEGATIVE RESULTS FOR CONTRABAND. PLAINTIFF ONLY POSSESSED PERSONAL PROPERTY AND WORK RELATED PPE TO PERFORM WORK DUTIES. PLAINTIFF REQUESTED THE SEARCH AND RESULTS DOCUMENTED, BROWNEN BECAME UPSET. BROWNEN THEN USED PLAINTIFF'S WORK EQUIPMENT AS A BASIS FOR A PROBABLE CAUSE CELL SEARCH, AGAIN YIELDING NEGATIVE RESULTS FOR CONTRABAND. BROWNEN THEN SEARCHED THE THIRD FLOOR SHOWER FINDING CONTRABAND BELONGING TO ANOTHER INMATE. BROWNEN FALSIFY DOCUMENTED THE CONTRABAND WAS FOUND IN PLAINTIFF'S CELL. PLAINTIFF APPEALED THE VIOLATION AND WAS SUBSEQUENTLY TARGETED BY RANGEL WHO FURTHERED THE RETALIATION THROUGH A UNSUPPORTED FINDING OF GUILT. DESPITE KNOWLEDGE AND EVIDENCE OF STAFF MISCONDUCT.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
- PLAINTIFF RECEIVED AN RVR THAT AFFECTED PRIVILEGES, PROGRAMMING, CREDIT, ETC. PLAINTIFF UNDER WENT STRESS AND MENTAL STRAIN.
5. **Administrative Remedies:**
- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
  - Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
  - Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
  - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. N/A



## CLAIM II

1. State the constitutional or other federal civil right that was violated: FOURTH, FIFTH, AND SIXTH AND  
FOURTEENTH AMENDMENTS AND DUE PROCESS
2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.
- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities                   | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Medical care |
| <input checked="" type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer       | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |                                       |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- BROWNEN FALSIFIED DOCUMENTS IN AN EFFORT TO PUNISH PLAINTIFF.  
BROWNEN FALSIFIED PROBABLE CAUSE, ~~SEARCHED~~ CONDUCTED A ILLEGAL  
SEARCH, THEN USED FALSE EVIDENCE TO FALSIFY AN RVR (W5)  
AGAINST PLAINTIFF. THE EVIDENCE USED FOR THE RVR WAS  
CONTRABAND CONFISCATED FROM THE TIER SHOWER BELONGING TO  
ANOTHER INMATE. DURING THE HEARING FOR THIS RVR PLAINTIFF  
INFORMED RANGEL ABOUT THE MISCONDUCT BY BROWNEN AND  
THAT THE OWNER OF THE CONTRABAND SWORE OUT A DECLARATION  
TAKING RESPONSIBILITY. PLAINTIFF WAS SUBSEQUENTLY IGNORED,  
DEINED WITNESS AND FOUND GUILTY. BROWNEN AND RANGEL  
KNOWINGLY RELIED ON FALSE EVIDENCE. THEIR ACTIONS  
WERE DELIBERATE, ~~WERE~~ INTENTIONAL AND MALICIOUS.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
- PLAINTIFF RECEIVED AN RVR THAT AFFECTED PRIVILEGES PROGRAMMING,  
CREDIT, ETC. PLAINTIFF UNDER WENT STRESS AND MENTAL STRAIN.
5. **Administrative Remedies.**
- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. N/A

### CLAIM III

1. State the constitutional or other federal civil right that was violated: \_\_\_\_\_

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.
- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities                   | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Medical care |
| <input checked="" type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer       | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

- ## 5. Administrative Remedies.

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim III? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

### E. REQUEST FOR RELIEF

State the relief you are seeking:

1. \$3,000,000 (THREE MILLION DOLLARS), PLUS COURT/ATTORNEY FEES
2. DISMISSAL AND REMOVAL OF THE FALSIFIED RVR, IT'S FINDINGS AND ANY PENALTIES DELETED TO THE ILLEGAL RVR.
3. DEMOTIONS FOR BOTH ~~DEFENDANTS~~ DEFENDANTS, FINES IMPOSED ON MONTHLY INCOME AND REHABILITATIVE TREATMENT

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/27/2022  
DATE

[Signature]  
SIGNATURE OF PLAINTIFF

LAVONTE MCDOWELL  
(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

\_\_\_\_\_  
(Signature of attorney, if any)

\_\_\_\_\_  
(Attorney's address & telephone number)

### ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.